

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/758,241

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
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3		/				
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49		/				
50		/				
TOTAL IND.		0		0		0
TOTAL DER.		0		0		0
TOTAL CLAIMS						

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.		1		0		0
TOTAL DER.		53		0		0
TOTAL CLAIMS		54				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS